

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		1				
4		2				
5		2				
6		2				
7		1				
8		1				
9		2				
10		2				
11		1				
12		2				
13		2				
14						
15	1					
16						
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18						
19						
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21						
22		1				
23		1				
24		1				
25	1					
26	1					
27		1				
28		2				
29		2				
30		2				
31		1				
32		1				
33		1				
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36		1				
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	34					
TOTAL CLAIMS	39					

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						